

**Transfer of the Critically Ill Patients Training 2017**

**Multiple Choice Questions**

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|  | **Question** | **True /****False** |
| **1** | Patient with a GCS of 8 should be intubated prior to transfer |  |
| **2** | Pulse oximetry is a reliable guide to effective ventilation |  |
| **3** | Hypovolaemic patients shows less cardiovascular instability than “well filled” patients |  |
| **4** | Blood and blood components can be taken on a transfer |  |
| **5** | Generally speaking intubated patient should be paralysed for the duration of the transfer |  |
| **6** | A CD oxygen cylinder contains 460 litres of oxygen when full |  |
| **7** | All patients require a minimum of ECG, NIBP and SpO2 monitoring |  |
| **8** | Capnography is mandatory for all intubated patients for all transfers |  |
| **9** | All intubated patients require central venous access |  |
| **10** | Patients with head injuries should ideally have an arterial line sited prior to transfer |  |
| **11** | All unnecessary infusions should be stopped prior to transfer |  |
| **12** | All intubated patients should have a urinary catheter inserted prior to transfer |  |
| **13** | All intubated patients should have a gastric tube inserted prior to transfer |  |
| **14** | Every patient should have a doctor and nurse for an interhospital transfer |  |
| **15** | Only staff that have completed transfer training should undertake transfers |  |
| **16** | A paramedic ambulance crew should always be requested to assist with transfers |  |
| **17** | All paediatric interhospital transfers should be performed by retrieval teams  |  |
| **18** | Ambulance control should be informed of the need to transfer only when the patient is ready for transfer |  |
| **19** | All major trauma transfers should involve the Trauma Network Coordination Service |  |
| **20** | The oxylog 3000 ventilator will continue to ventilate if the battery runs flat |  |
| **21** | A fully charged oxylog 3000 will last approximately 4 hours on battery power |  |
| **22** | A fully charged monitor will last 2 hours  |  |
| **23** | A fully charged Braun syringe driver will last approximately 8 hours |  |
| **24** | The oxylog 3000 will tell you how much oxygen is being used every minute |  |
| **25** | A patient should not be transferred if the patient’s family are unhappy with the decision to transfer |  |
| **26** | On the way back from the transfer your ambulance is diverted to an out-of-hospital cardiac arrest. Under no circumstances should you get involved. |  |
| **27** | It is the duty of the receiving hospital to report any adverse incidents |  |
| **28** | Adverse incidents only need to be reported if harm has come to the patient |  |
| **29** | All documentation must be photocopied prior to leaving for an interhospital transfer |  |
| **30** | Escorts have **ultimate** responsibility for the patient during the transfer |  |
| **31** | If a patient dies during transfer you take them back to your own department |  |
| **32** | Relatives can always travel in the back of an ambulance |  |
| **33** | Only Level 3 patients require a transfer form to be completed. |  |
| **34** | The transferring hospital has the responsibility to scan and send completed transfer forms to the Network Office. |  |